ISDH 2004 Hospital Service Report

(Annual Report under Indiana Code 16-21-6)

Dekalb Memorial Hospital

City: Auburn   County: Dekalb   Year: **2004**

Provider Type: General Acute Hospital

I. Inpatient Care			
Hospital Service Description	**Number of Set Up Beds**	**Number of Discharges**	**Number of Patient Days**	**Average Charge Per Discharge**
Burn Care	0	0	0	$0
Cardiac Intensive	0	0	0	$0
ICU Med/Surg	6	420	961	$3,246
ICU Neonatal	0	0	0	$0
ICU Pediatric	0	0	0	$0
Medical/Surgical	31	1,147	3,474	$2,116
Neonatal Intermed	0	0	0	$0
Obstetrics	10	441	998	$1,553
Pediatric	0	0	0	$0

Psychiatric	0	0	0	$0
Rehabilitation	0	0	0	$0
Substance Abuse	0	0	0	$0
Swing Beds	NA	0	0	$0
Other Services	0	0	0	NA
Acute Subtotal	47	2,008	5,433	NA
Normal Newborn	10	434	875	$1,048

II. Outpatient Visits			
Circulatory System	11,628	Digestive System	3,148
Endocrine System	10,871	Injuries and Poison	6,632
Mental Disorder	1,860	Musculoskeletal	9,967
Neoplasms	2,165	Nervous	2,277
Respiratory	4,444	Urinary	5,337
Other/Unknown	6,284	Total Visits	64,613
Number of Visits to Emergency Department			15,647
Percent of Emergency Department Visits of Total Visits			24.2%

Identification of Hospital Services

Each hospital has identified if it has one or more of a standard list of 66 services. This list of 52 services is updated annually by each hospital from the information initially requested by the Centers for Medicare & Medicaid Services when the hospital was initially certified for Medicare payment. The other 14 services have been identified in other sections of this report.

N - Ambulance Service (Owned)	N - Alcohol/Drug Service	Y - Anesthesia Services
N - Audiology	Y - Blood Bank	N - Cardiac Cath Lab
N - Cardiac-Thoracic Surgery	N - Chemotherapy Service	N - Chiropractice Service
N - CT Scanner	N - Dental Service	Y - Dietetic Service
N - Extracorporeal Lithotripter	N - Gerontological Service	Y - Home Health Service
Y - Hospice	Y - Laboratory Anatomical	Y - Laboratory Clinical
Y - Magnetic Resonance (MRI)	Y - Neonatal Nursery	N - Neurosurgical Service
Y - Nuclear Medicine	Y - Occupational Therapy	Y - Operating Room
N - Opthalmic Surgery	N - Optometric Service	N - Organ Bank
N - Organ Transplant	N - Orthopedic Surgery	Y - Pharmacy
Y - Physical Therapy	N - PET Imaging	Y - Postoperative Recovery
N - Psychiatric Emergency	N - Psychiatric Child	N - Psychiatric Forensic
N - Psychiatric Geriatric	Y - Radiology Diagnostic	N - Radiology Therapeutic
N - Reconstructive Surgery	Y - Respiratory Care	N - Rehab Inpat CARF
Y- Rehab Inpat Non CARF Acc	N- Rehab Outpatient	N- Renal Dialysis

Y - Social Services	Y - Speech Pathology	Y - Surgical Inpatient
Y - Surgical Outpatient	N - Trauma Center Certified	Y - Transplant Cnt Medicare
N - Urgent Care Center		

NA =	Not applicable	NMF =	No meaningful figure	NR =	Not reported

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